Treatment Protocol: GENERAL MEDICAL **Ref. No. 1202-P**

1. Assess airway and initiate basic and/or advanced airway maneuvers prn *(MCG 1302)*

2. Control external hemorrhage/bleeding prn *(MCG 1370)*

3. Administer **Oxygen** prn *(MCG 1302)*

4. Assess for signs of trauma
   For traumatic injury, treat in conjunction with *TP 1244-P, Traumatic Injury*

5. Initiate cardiac monitoring prn *(MCG 1308)*
   For suspected cardiac ischemia or dysrhythmia, perform 12-lead ECG and **CONTACT BASE** ❶
   For patients with dysrhythmias, treat per *TP 1212-P, Cardiac Dysrhythmia - Bradycardia* or *TP 1213-P, Cardiac Dysrhythmia - Tachycardia*
   If patient with palpitations but normal sinus rhythm on 12-lead ECG – document Provider Impression as *Palpitations*

6. Establish vascular access prn *(MCG 1375)*

7. Assess and document pain *(MCG 1345)*
   Consider the following Provider Impressions:
   If chest pain present without suspicion of cardiac cause – document *Chest Pain – Not Cardiac*
   If pain in neck or back without trauma – document *Body Pain – Non-traumatic*
   If headache and no report or signs of trauma and normal physical assessment – document *Headache – Non-traumatic*

8. For pain management: *(MCG 1345)*
   Fentanyl (50mcg/mL) 1mcg/kg slow IV push or IM, dose per *MCG 1309* or
   Fentanyl (50mcg/mL) 1.5mcg/kg IN, dose per *MCG 1309*
   Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact
   Morphine (4mg/mL) 0.1mg/kg slow IV push or IM, dose per *MCG 1309*
   Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact

   CONTACT BASE for additional pain management after maximum dose administered:
   May repeat Fentanyl or Morphine as above, maximum 4 total doses

9. For nausea or vomiting in patients ≥ 4 years old:
   Ondansetron 4mg ODT and treat in conjunction with *TP 1205-P, GI/GU Emergencies*

10. For patients with complaints of weakness
    Assess neurologic exam; if focal findings present or stroke suspected, treat in conjunction with *TP 1232-P, Stroke/ CVA/ TIA.* **CONTACT BASE** and transport to a PMC ❷
    If no focal weakness present and complaint of generalized weakness – document *Weakness – General*

11. Consider the following Provider Impressions:
    If cold/cough symptoms without respiratory distress or wheezing – document *Cold/Flu Symptoms*
    If isolated pain or swelling in extremity – document *Extremity Pain/Swelling – Non-traumatic*

SPECIAL CONSIDERATIONS

❶ Chest pain in pediatrics is **rarely** due to cardiac ischemia. Children at risk are those with history of Kawasaki's Disease or with congenital heart conditions. Young athletes often show slow heart rates and ST-elevation which is normal and not a result of ischemia. If there is a concern for cardiac ischemia contact the Base and consider transport to a PMC or to a PMC that is also an SRC - document *Chest Pain-Suspected Cardiac*

❷ Children with focal neurologic signs may have a stroke mimic or a stroke. These are specialized problem often requiring subspecialists at PMCs. Contact the Base hospital for transport of these patients to a PMC.